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PATENT DEPA	CORPORATION RTMENT CREEK PARKWAY		9,1 2009 W	I here	Cert by certify that this Postal Service w	ificate s Fee(s	ling or transmission.  of Mailing or Transi ) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the da	mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
21/2009 HVUONG2 0		0588088			<u>Martha Mar</u>	tin		(Depositor's name)
	.00 DA				Marka M	Matin	· 	(Signature)
EC-1504 300			<u> April 16,</u>	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/588,088	07/27/2006		Simon Rodney Eva	CL/V-50297A			5697 ·	
TITLE OF INVENTION	: BIFOCAL CONTACT	LENS		1,1				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300		\$0		\$1810	. 05/04/2009
EXAM	INER	ART UNIT	CLASS-SUBCLAS	s				
SCHWARTZ, JO	ORDAN MARC	2873	351-161000					:
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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.		loa. Ose or a customer	listed, no name wi	ill be p	rinted.		J	
		A TO BE PRINTED ON			*			
PLEASE NOTE: Unl	ess an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filin	the pat	tent. If an assigne ssignment.	e is id	entified below, the do	ocument has been filed for
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Please check the appropr	iate assignee category or	r categories (will not be pr	inted on the patent) :		Individual 🗵 Co	rporati	on or other private gro	oup entity Government
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s):	(Pleas	e first reapply an	y prev	iously paid issue fee s	shown above)
Issue Fee			A check is enclo					
<ul><li>☑ Publication Fee (N</li><li>☑ Advance Order - F</li></ul>	lo small entity discount p	permitted)	Payment by cred					ficiency or credit any
Advance Order - A	of Copies1		overpayment, to	Deposi	it Account Numbe	<u>50</u>	-2965 (enclose ar	ficiency, or credit any n extra copy of this form).
	tus (from status indicate			,		. ENG	CITY - to to a Con 27 CE	SD 1.27(~)(2)
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nterest as shown by the	records of the United Sta	ites Patent and Trademark	Office.					
Authorized Signature	Tobrod	Ambre	2		Date <u>Apri</u>			
Typed or printed name	e <u>Robert Aml</u>	brose			Registration N	o	51,231	
This collection of inform an application. Confiden	ation is required by 37 C tiality is governed by 35	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtai	in or re	tain a benefit by the	ne publ	ic which is to file (and to complete, including on the amount of time	by the USPTO to process) g gathering, preparing, and

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(Depositor's name)	Martha Martin
(Signature)	Marthe Martin
(Date)	April 16, 2009

		ENT &	TRADEALE	Marthe Martin		(Signature)		
				April 16, 200	9	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	PRNEY DOCKET NO.	CONFIRMATION NO.		
. 10/588,088 07/27/2006			Simon Rodney Evans		CL/V-50297A	5697		
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/04/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS					
SCHWARTZ, JO	ORDAN MARC	2873	351-161000					
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								3. ASSIGNEE NAME A
		letion of this form is NO	data will appear on the part a substitute for filing an	assignment.	CD3/\			
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	iki)			
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🖾 Corporat	ion or other private gro	up entity Government		
4a. The following fee(s) a  Issue Fee			b. Payment of Fee(s): (Plea			hown above)		
Advance Order - #	lo small entity discount p	ermitted) 	<ul> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2965 (enclose an extra copy of this form).</li> </ul>					
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long					
NOTE: The Issue Fee an interest as shown by the i	records of the United Sta	tes Patent and Trademark	Office.	ne applicant, a registered				
Authorized Signature	Tobrod	Subve		Date April 1	6, 2009			
Typed or printed name	e <u>Robert Amb</u>	rose		Registration No.	51,231			

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